Cascade
Management, Inc.

Dear Valued Applicant ~

Please be aware that Cascade Management, Inc. adheres to all Fair Housing rules and regulations and does not discriminate based on race, color, creed, religion, sex, national origin, age, sexual orientation, handicap or disability, income source, or familial status.

To ensure best fair housing practices, Cascade Management, Inc. maintains and follows either a strict Tenant Selection Standard or Criteria for Residency which is made available to all upon request or included as part of the application packet.

The attached application must be completed in its entirety and returned to the property to which you are applying. All applications submitted will be placed on the waiting list by date and time received unless it is incomplete. Incomplete applications will be returned to the applicant for completion.

Applicants must meet the eligibility requirements for the property where they are applying. Each applicant must qualify individually and applicants listed as head, spouse and co-head must be eligible to enter a legal and binding contract.

All applicants are screened through an independent screening company. The independent screening company conducts all screening functions which could include rental history, credit check, and criminal convictions. The screening process is consistent for all applicants. Please refer to the screening criteria if you have questions regarding these requirements.

If you have any questions, please contact the property you are interested in and they can provide you with their property details, amenities and current availability.

Thank you for your interest in Cascade Management, Inc.

Cascade Management, Inc.

For Office Use Only
Date / Time Received: _____AM/PM
Received By:

Property: Conifer Gardens

Physical Address: 700 Royal Ave.
Medford, OR 97504

Application for Housing

Mailing Address:
700 Royal Ave. Medford, OR 97504

Comprehensive reusable tenant screening report is ☐ ACCEPTED ☒ NOT ACCEPTED

Unit Type Requested

Bedroom Size: (check all that apply) Efficiency ☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

☐ Project-based Section 8 ☐ Wheelchair accessibility ☐ Other _____

Contact Information

Name: _____
Street Address: _____ Apt. #_____ City: _____ State: _____ Zip Code: _____
Contact Phone Number(s):_____Email:_____
Emergency Contact Name:_____Address:_____
Emergency Contact Phone/Email:

List each person (starting with yourself) who will occupy the apartment

Name (Last, First, Middle) *Please include all former, alias and nicknames used*	Date of Birth	Relationship to Head of Household	Social Security # (If Applicable)	State Driver's License #	Full time or Part time student Y/N
		Self			

Please answer and check any /all of the below that apply to your household

___Senior (55 or older) ___Elderly (62 or older) ___Disabled ___Homeless or at risk ___Veteran

___Currently have a Section 8 Voucher _____Currently living in a rent subsidized property

___Displaced by a government declared disaster

Referred by a Social Service Agency (name of agency) _____

If age 62 or older as of January 31st, 2010 and do not have a Social Security Number, did you receive HUD rental assistance at another location on January 31st, 2010? __ Y __ N

How did you hear about our property?

Cascade Management, Inc., does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities. The Compliance Officer is designated as the 504 Compliance Coordinator.

Cascade Management, Inc.

Income Information: List wages, salaries, SSI, disability, unemployment, welfare, child support, or ANY source of income as well as any assets currently held/owned				
Household Member	Income Source	Amount	Type of asset	Amount

Does anyone in your household own real estate? Yes ☐ No ☐
Have assets been disposed of for less than the fair market value in the past two years? Yes ☐ No ☐
If "Yes", please explain:

Employment Information	Head of Household Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

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Employer/Company	Address	Phone # /Email	Position	Length Employed

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Automobile Information			
Make	Year	Color	License Plate #

Current and Previous Rental History: Start with your current residence					
Landlord / Apartments	Contact Phone #	Address you occupied	Move In Date	Move out Date	Reason for Leaving

Has anyone in your household ever been evicted? ___No ___Yes Date_____
Have you or any of your household members within the past 3 years been evicted from federally assisted housing due to drug-related criminal activity? No ☐ Yes ☐
Has legal notices been given where you currently live? No ☐ Yes ☐

List all states where all household members have lived: _____

Background Information

Have you or any person who will be occupying the unit ever been convicted or pled guilty or no contest to any felony or misdemeanor? No ☐ Yes ☐
If "Yes", type of offense_____Where?_____When?_____

Is there any household member subject to a lifetime sex offender registration in any state? No ☐ Yes ☐

Applicant Certification: I certify the statements made on this application are true and complete to the best of my knowledge and belief. I authorize Cascade Management Inc. to do a background check according to the screening criteria set forth for the property that I am applying and to make any inquiries necessary to evaluate my approval for tenancy. I understand providing false statements or incomplete information may result in punishment under Federal Law and is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand this is part of the application process and I acquire no rights to an apartment. I will be notified upon acceptance, and agree to sign a lease and pay a security deposit.

The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit-reporting agency. The name of the screening service or credit-reporting agency is Pacific Screening.

Head of Household Signature _____ Date_____

Adult Co-Head Signature _____ Date_____

Adult Co-Head Signature _____ Date_____

Adult Co-Head Signature _____ Date_____

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